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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>	STATE OR COUNTRY CO	SHEETS DRAWING 31	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 5
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## TITLE

Systems and methods for obtaining approval for medical reimbursements

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